

KNOW YOUR RIGHTS --

Your Medicaid Care And Coverage In A Nursing Facility

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إذا كان لديكم أي سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ١-٨٠٠-٦٤٢-٣١٩٥

This booklet represents the authors' understanding of the Michigan rules and statutes; it is not a verbatim rendering of Michigan Law.

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What's Inside

Your rights and responsibilities as a nursing home resident are important. You should understand what services you are entitled to. This booklet explains your rights, responsibilities, and the services you should receive. It also gives answers to often asked questions.

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1. Your Rights

Basic Rights

As a resident of a Medicaid nursing home, you have the same rights about your life, medical care, and personal treatment as others who live in your community. These rights are protected by rules made by both the state and federal government. As a Medicaid beneficiary, you have the right to the same quality of medical care as other nursing home residents. You also have the right to know about and take part in decisions about your medical care and the operation of the nursing home. (See Section 9. for agencies to call or write with questions about your rights in a nursing home.)

- You have the right to exercise all of your civil and constitutional rights. As a resident of the nursing home, you can ask for an explanation of the nursing home's procedures. As a citizen or legal resident of the United States living in a nursing home, you have a right to register to vote. You have a right to be informed and in control of your life, care, and treatment.
- You have a right to adequate and proper care regardless of race, religion, national origin, sex, age, disability, marital status, or source of payment.
- You have a right to personal privacy and confidentiality. This includes your accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings with family and other residents. The nursing home, however, is not required to provide you a private room unless your medical condition requires it and a private room is available.
- You have a right to send and receive your mail the day the nursing home receives it. Nursing home staff must not open your mail without your permission. The home must provide you access to stationery, pencils or pens, and postage. You may be charged for these items.
- You are entitled to a reasonable, clean, home-like living space. You may keep and use personal clothing and as many personal items as space permits. These items may not be harmful to you or others and may not violate the rights of others.
- You have a right to be protected from:
 - neglect.
 - mental, physical, sexual, and verbal abuse.
 - punishment.
 - isolation (unless medically necessary).
 - misuse of your property.
- If you request a private room and there is no medical need, you may pay the difference between the cost of the semi-private and private room.

- You do not have to perform any work or services for the nursing home against your will. If you choose to work, it must be permitted within your care plan with the goals and objectives recorded. The care plan must specify the nature of the work, your agreement, and whether the work is voluntary or paid. If you are paid, the wage must be at or above prevailing rates.

Notifying You of Your Rights, Records and Services

You have a right to be informed, orally and in writing, in a language you understand about your rights and responsibilities. This right applies when you are admitted and when you request information during your stay in the nursing home. You will receive a copy of your nursing home's rules and regulations and this summary of your rights when you are admitted. The home needs your signature indicating that you received copies of the nursing home rules and regulations and this summary. If during your stay the rules or regulations change, you must receive copies of the changes.

You have a right to receive written notice of all services available in the home and the charges for these services. This includes any changes to Medicare and Medicaid covered or non-covered services and the charges for these services. (See Sections 4., 6. and 8. for more information on covered and non-covered services.

You have the right to receive information about any options for long-term care in your community. These options include in-home and nursing home care.

The nursing home staff must notify you of the name and specialty of your doctor, and how to contact him or her.

You and your named representative have a right to receive copies of your Pre-Admission Screening and Annual Resident Review.

You have a right to receive information on how to apply for Medicaid.

You have a right to appeal a Medicaid decision. (See Section 9.)

You have a right to be notified immediately of a change in your health or care plan. The nursing home must immediately contact your doctor, legal representative, and interested family members, when:

- you are involved in an accident which results in an injury.
- there is a significant change in your physical, mental, or social status.
- there is a need to greatly alter your treatment.

You have a right to be contacted promptly about a decision to move you or your roommate to another room or transfer or discharge you from the nursing home. The nursing home must promptly contact your doctor, legal representative, and interested family members.

You have a right to request and access (within 24 hours, except during a weekend or holiday), your current nursing home medical and personal records. You can ask staff to copy (within two business days) all, or a portion of, your current and past records. The copying charge may not be more than the maximum amount in the Medical Records Access Act. Your medical records may not be released without your written permission, except if you move to another nursing home or by law.

You have a right to request and receive a copy of all your bills. This right includes an explanation of your bills, regardless of your source of payment.

If you have a spouse at home, part of the procedure to determine your eligibility for Medicaid is your right to ask for an assessment of both your own and your spouse's resources. This assessment is done by the Michigan Department of Human Services. They determine the amount of resources that can be protected for your spouse's use at home. Your "countable" assets when you first entered the nursing home or hospital will be used to determine your Medicaid eligibility, **regardless of when you apply for Medicaid.**

At admission, you have a right to receive a copy of the nursing home's policy about helping you handle your money and patient trust fund account. You may manage your own money. Or, require the nursing home to handle up to \$5,000 of your money. Money handled by the nursing home in excess of \$50 must be kept in an account that pays you interest. If you have your nursing home manage your money, you must receive (every three months), a report of the financial actions taken on your behalf by the home. You must be told by the home when your balance is within \$200 of making you not eligible for Medicaid. You must receive receipts for all deposits and withdrawals of your money. The nursing home must not charge you any fee to manage or help you manage your money. The home may ask you to pay a fee charged by the bank.

You have a right to review the last survey of the nursing home conducted by the State Survey Agency (Michigan Department of Licensing and Regulatory Affairs) or federal surveyors. This survey and any plan of correction currently in place for your home must be easily available for your review. You may also ask the staff for any inspection reports done by the state during the past five years.

You have a right to make a complaint or recommend changes without fear of harassment, retaliation, or being evicted. You have a right to have a copy of your nursing home's procedures to make complaints or recommendations. Your complaints or recommendations can include concerns about abuse, neglect, misuse of your property, or comments about other residents. You can address your complaints or recommendations to the nursing home staff, state or federal government officials, the Long Term Care Ombudsman or any other person you desire. Addresses and phone numbers are in Section 9. For details on filing a complaint, see Section 8.

Quality of Your Medical Care

You have the right to receive necessary nursing, medical and social services to reach and maintain the highest practicable physical, mental and social well-being, as determined by the comprehensive assessment and care plan. These services must be given in a confidential and dignified manner that meets your treatment and personal needs. Your medical care must ensure your abilities do not diminish, unless the decline in your abilities could not be prevented.

You have the right to be informed of the long-term care options in your community. One option may be services to help you in your home. There may also be other options in your community. These options may include adult foster care, assisted living and nursing home care. You can choose the setting that best meets your needs.

These services can include:

- medical and personal care;
- caregiver support and respite services (someone helps you so your relative can rest);
- home modifications (for example, making a bathroom accessible);
- assistive technology (equipment to help you with daily activities);
- chore or homemaker services;
- meals delivered to your home;
- a personal emergency response system;
- transportation services; and
- adult day programs.

You have the right to be fully informed by your attending physician and nursing home staff about your medical condition and care plan. You must be informed in a language you understand. You have a right to take part in the development of your medical care plan. You have a right to know in advance about your proposed care and changes to your care.

You have the right to choose your own attending physician. If the nursing home has no formal panel of physicians approved to treat residents, you may choose any doctor who meets Medicaid requirements. If the home has a formal panel of physicians approved to treat residents, you may choose one of these physicians.

You have a right to be seen by your attending physician at least once every 30 days during the first three months in the home and then at least once every 60 days. You may be seen more often due to your medical needs. Your doctor must see you for the first visit and every other visit. Your doctor may alternate his or her visits with a physician's assistant, nurse practitioner, or clinical nurse specialist. For example, your doctor sees you the first visit, your nurse practitioner sees you the second visit, and your doctor sees you the third visit.

You have the right to accept or refuse medical treatment while you are competent. You must be told of the possible effect of refusing treatment. If your refusal prevents the nursing home from providing proper care, the home may discharge you with reasonable notice. The notice must tell you about your right to appeal this decision.

While you are competent, you are the only person who can decide what medical treatment to accept or refuse. You can write down your choices about future medical treatment. You have a right to:

- name someone to make medical treatment decisions for you in case you are unable to make them yourself.
- name this person by filling out a form called the durable power of attorney for health care.
- change your durable power of attorney for health care.

- refuse to fill out a durable power of attorney for health care.

You have the right to be free from physical or drug-induced restraints that are not ordered in writing by your doctor to treat your medical symptoms. In an emergency, to protect you or others, restraints may be applied temporarily by a qualified professional. That person must promptly document the reason for the restraints and report the action to your doctor. Restraints must not be used for discipline or staff convenience.

You have the right to be free of any unnecessary drugs which are:

- given in excessive doses.
- used for excessive periods of time.
- used without adequate monitoring.
- producing adverse side effects that indicate the drug should be reduced or stopped.

You may handle and give yourself your own drugs when the nursing home staff says it would be safe. Drugs can be given by nursing staff only on specific or standing written orders of your doctor.

Many nursing homes are smoke-free under the Michigan Clean Indoor Air Act. Others may allow smoking only in certain areas. You should review the home policy on smoking.

You can refuse to take part in any experimental procedures without jeopardizing your care or your stay in the nursing home.

Quality of Life in Your Nursing Home

You have a right to live in a safe, clean, comfortable, and home-like nursing home. The services given you must meet your own needs and wants, except when your or another resident's health or safety is in danger. The home must provide you with the following:

- clean area and clean linen
- closet space
- comfortable levels of light, sound, and temperature

You have a right to choose activities, schedules, and health care that meet your needs, interests and care plan. You have a right to take part in any social, religious, and community groups, both inside and outside the home.

You have the right to meet in private at any time with your doctor, attorney, state government official, or the Long Term Care Ombudsman. Each has a right to meet with you at any time. You may end the meeting at any time.

You may meet in private at any time with your legal representative, immediate family, or relatives. At any time, you may deny or withdraw consent for them to visit you.

You may meet in private during visiting hours with any other person(s) you choose. Visiting hours must be at least 8 hours each day, with additional consideration for special circumstances of you or your visitors.

You may have your spouse, parent, next-of-kin or other adult stay at the home 24 hours a day if your doctor considers you terminally ill.

You have a right to meet with your spouse in a room that assures privacy. If your spouse becomes a resident of the same home, you may share a room if you both agree.

You have a right to meet with other residents and their families in a private space in the home to discuss nursing home or other issues. A staff member will help set up the meetings and respond to requests that result from the meetings.

You must have reasonable access to a telephone where you can talk without being overheard.

Admission

A nursing home must not deny you admission based on your race, religion, national origin, sex, age, disability, marital status and political beliefs or the use of your rights granted by law. A nursing home operated, supervised, or controlled by a religious or fraternal institution or organization can give admission preference to members of that religious or fraternal institution or organization.

Michigan law does not prevent discrimination for admission based on an applicant's source of payment. You, on an individual basis, can be denied admission to a nursing home in Michigan if:

- you are a Medicaid recipient at the time you apply for admission; or
- the home is not certified for Medicaid; or
- the home does not have a vacant Medicaid bed.

See Section 8 for more admission information.

Your admission to a nursing home cannot be based on any of the following:

- waiving your rights to Medicare or Medicaid
- assuring that you are not eligible or will not apply for Medicare or Medicaid
- having another person guarantee payment for your care
- making a payment, gift, donation or other consideration more than required under Medicaid
- filling or not filling out a form for durable power of attorney for health care
- indicating that you do, or do not, want specific medical treatment

You do not have to pay a deposit when you apply for admission to a nursing home if you have Medicaid. However, a deposit may be required for services not covered by Medicaid which you request or receive.

If you become eligible for Medicaid after you are admitted to a nursing home, any remainder of the deposit must be returned to you. If you want, you can direct the nursing home to keep the rest of that deposit to pay for future services not covered by Medicaid which you request and receive. (See Section 6 for a list of services Medicaid does not cover.)

At admission, you have the right to be told about available hospice services in the nursing home.

Room Change, Transfer, Discharge, Bed-Hold and Readmissions

You must be given advance notice of certain room or roommate changes. The notice will allow you to prepare for the change. The home must notify you promptly when they are aware that a change is needed. You may not receive a notice when the change is required to protect your health or that of other persons in the nursing home.

You have a right to refuse a transfer to another room if the sole purpose for your move is to receive Medicare reimbursement.

You have a right to take part in planning your care and your discharge. Counseling, a summary of your health status, and a post-discharge care plan must be included in your discharge process.

You have the right to discharge yourself at any time, unless a guardian has been appointed by the court to handle decisions on your care. Notice of your discharge will be given to your physician, family, and legal representative.

You have the same rights regarding transfer and discharge as all other residents despite the source of payment.

Medicaid will pay a nursing home to hold your bed for up to 18 days in a 365-day period if you choose to leave the home overnight for non-medical (therapeutic) reasons.

Medicaid may also pay to hold your bed for up to 10 days each time you leave the nursing home for an emergency admission to a hospital.

Your hospital admission must be for **emergency treatment** and your doctor expects you will return to the home within 10 days. If your stay is more than 10 days, the home does not have to hold your bed. The home can bill you or your family to hold the bed if your doctor expects your stay to last more than 10 days. There is no limit on the number of times each year this benefit can be used.

Medicaid will pay the home to hold your bed up to 10 days for an emergency admission to the hospital if the home's bed occupancy is at 98 percent or more on the day you leave the home. You must be returned to your bed if, during your hospital stay, Medicaid, you or someone else paid to hold your bed. If no one paid to hold your bed, you have the right to return to the next empty semi-private room. (See [Section 8. Questions and Answers](#), for more information.)

If your hospital stay was three or more days, and you qualify for Medicare, you must use your Medicare benefits. (See [Section 8. Questions and Answers](#), about Medicare coverage.)

If you were in a Medicaid-only certified bed before you went to the hospital and you do not want to move to a different nursing home bed that is Medicare certified, you may refuse that different bed and return to your same bed.

You and your family have a right to receive the home's written policy about holding your bed for your return after a hospital stay or therapeutic leave. You and your family should receive this policy at admission, and when you leave for therapeutic or hospital leave. For an emergency transfer to a hospital, you (or your representative) must receive the written policy within 24 hours of your hospitalization.

You cannot be involuntarily discharged or transferred from the home *unless*:

- the transfer is needed for medical reasons;
- your health or welfare, or that of other residents or employees of the nursing home, is in danger;
- you do not pay the bills that are you are responsible for;
- you do not meet Medicaid medical/functional criteria for Medicaid to pay the home;
- your health has improved so that you no longer meet Medicaid medical/functional criteria for Medicaid to pay the home; or
- the nursing home closes or is no longer approved by Medicaid.

After written notice of the nursing home's intent to involuntarily discharge or transfer you, you have a right to appeal that move. You must receive a 30-day notice and you have the right to a hearing before you can be:

- involuntarily discharged; or
- involuntarily transferred to a room in a section of the home which is not approved by Medicaid.

This notice must give:

- the reason for discharge or transfer;
- your right to appeal that move;
- your right to a hearing with a state official; and
- information about contacting the Long Term Care Ombudsman.

This notice may be given in less than 30 days if:

- it is a health care emergency;
- residents or staff are in danger; or
- you subsequently agree to the transfer.

Representation

You have the right to identify, in writing, a person to act as your representative in general or for any purpose you specify. Your representative may:

- have access to, and make copies of, your personal and medical records.
- approve release of your personal or medical records.
- make complaints on your behalf.
- handle your mail.
- talk with your doctor, attorney, or other person(s).
- make personal decisions which you permit.
- take part in planning your treatment and be told about your medical condition, care plan, transfer, or discharge.
- assist in managing your financial affairs.

You have the right to name a person to make health care decisions in the event that you are not able to communicate or make decisions. At any time, you may select a person to be your "patient advocate" by filling out a durable power of attorney for health care form. At admission, the home will give you information on this. If you do not choose someone and you become unable to communicate or make decisions, another person may be appointed to act on your behalf.

2. Your Responsibilities

1. You must follow nursing home rules that relate to medical care and general conduct.
2. You must be considerate of the rights of other residents and staff, and of nursing home property.
3. You should understand the roles and responsibilities of nursing home staff, and consider and respect their efforts.
4. You are responsible for following the home's smoking rules. This may include designated smoking areas.
5. You must allow the nursing home staff access to your medical records.
6. You should take part in planning your care. Ask your doctor or other health care provider to explain information about your care plan. You must let staff know when you do not understand a course of action, instruction, or what is expected of you.
7. You should make nursing home staff aware of any unexpected change in your health. You should ask staff about any change in your health that you do not understand.
8. You are responsible for following the recommendations and advice that your doctor prescribes. If you decide to refuse treatment or medicines, you should fully understand the likely result and should talk to your doctor or the nursing home staff when you refuse such treatment.
9. You must give the nursing home staff current and correct information about sources of payment for your care.
10. You must use any other sources of payment before Medicaid will pay for your care. Other sources are private insurance (e.g., Blue Cross), Medicare, long-term care insurance, etc. If you also have a patient-pay amount, you must pay that amount to the home each month. A patient-pay amount is that part of your income which is higher than Medicaid allows. If all other sources of payment are not used prior to billing Medicaid, you may have to pay yourself.
11. You are encouraged to be involved in the daily life of the nursing home by going to activities and sharing your special talents.
12. You should not be afraid to speak up and make suggestions.
13. You are encouraged to be friends with other residents, and speak up for those who cannot speak for themselves.
14. You should get "the whole story" before making a formal complaint. You should try to find out why there is a problem. The problem should be discussed with the correct nursing home staff or administrator who may be able to take care of the problem.
15. You are encouraged to stay active, vote, and remain a part of your community. Stay informed about issues, activities, and community services available to you.

3. Medicaid Services

When you enter a nursing home, the home, your doctor, and you create a care plan. The care plan decides the services and supplies you need and how you receive them. When you become eligible for Medicaid, Medicaid will cover most medically necessary care and services.

Medicaid nursing home residents will sometimes need services that are covered by **Medicare**. If you need these services, Medicaid will pay the Medicare coinsurance or deductibles if you have Part B Medicare.

Medicaid will not pay Medicare Part D deductible, coinsurance, or co-pays. Also, if you have Medicare Part D that has a premium more than the Medicare standard premium for Michigan, you will have to pay the difference in the cost that Medicare does not pay.

As a Medicaid nursing home resident, your bills will be paid in the following ways:

- Medicaid will pay the home for most medically necessary care and services.
- Medicaid will pay a doctor or other health care provider outside the home for a medical service or supply that you may need. Note: Some services and supplies may need to be prior approved by Medicaid.
- You may have to pay for a service or medical supply that is not covered by Medicaid. (See Section 8.)
- Each month you may have to pay the home a patient-pay amount, which is the part of your income that is higher than Medicaid allows. Medical bills that you have incurred can be used to meet all or a part of your patient-pay amount. Contact your Michigan Department of Human Services caseworker for more details. You should pay your bills for your patient-pay amount and for non-covered services promptly, just like any other unpaid debt.

Before receiving a nursing home service that Medicaid will not pay the home for, the home must notify you of fees that you must pay for the service. The staff also must tell you about any changes in the services which Medicaid does not cover or any changes in the fees for those services.

If you need a service or supply which the home does not provide, your home must help you arrange to get it.

4. Services Medicaid Covers

The following must be provided by the nursing home. Medicaid pays the home for these services and supplies.

- Administrative Services
- Admission Kits (limited to routine personal hygiene items)
- Daily Oral Hygiene and Supplies
- Dietary Services and Food
- Durable Medical Equipment
- End of Life Care
- Enrichment Programs
- Foot Care – routine
- Housekeeping and Maintenance
- Intravenous Therapy – nursing supplies, equipment (including all pumps)
- Laboratory Services – routine
- Laundry Services
- Medically-Related Social Services
- Drug Reviews
- Mental Health Services – home provided
- Nurse Aide Attendance for Medical Appointment
- Nursing Care – routine
- Oxygen – intermittent and infrequent
- Personal Hygiene Items
- Pharmacy – routine over-the-counter drugs
- Private Room (if medically necessary)
- Supplies and Accessories
- Therapies – routine therapies to maintain your function

- Transportation Services – non-emergency
- Vaccines
- Wound Dressing (some)

Food

Most types of food are supplied by the nursing home. Nursing homes must provide substitutes for foods you do not like. However, the home does not have to give you choices like a restaurant. Some food and items the home must provide are:

- daily nutritious meals and snacks.
- reasonable food substitutes of a similar nutritive value.
- dietary supplements.
- enteral formulas, supplies, equipment, and associated nursing services.
- infant formulas.
- nursing services associated with total parenteral nutrition (TPN).
- special diets.
- therapeutic diets.
- water solutions.

Laboratories

Medicaid pays the nursing home for any lab services that can be done in the nursing home. If you need a lab service that cannot be done in the nursing home, it is covered only when ordered by your doctor.

Mental Health

Before you entered the nursing home, you were screened to see if you needed mental health services. If you do, the state's mental health agency staff will work with you and the home to make sure you get what you need.

If you disagree with the screening results, you have the right to appeal the level of care and the services ordered for you, if any. (See Section 9. for information on where to send an appeal.)

Personal Hygiene

Your nursing home supplies most personal hygiene items. Medicaid pays for them. Medicaid requires your home to offer a reasonable substitute for each item listed.

If you want a different brand than the item or substitute offered by the home, you may ask them to provide it. If the nursing home agrees to provide the brand you request, staff must tell you about any extra charges. You can decide if you want to pay for your choice.

Personal Hygiene examples include:

- bacteriostatic soap
- body lotions
- cotton balls/swabs
- deodorant/anti-perspirant
- facial tissues
- hair hygiene supplies (e.g., shampoo, conditioner, comb, brush)
- incontinence supplies
- medicine cups
- oral hygiene supplies (e.g., toothpaste, toothbrush, dental floss, denture cleaner)
- patient gowns
- personal hygiene preparations
- razors
- sanitary napkins/related supplies
- shaving cream
- soaps
- towels/washcloth

Over-the-Counter Drug List

Examples include:

- analgesics
- cough and cold preparations
- mouthwash
- ointments (both generic and brand names, e.g., Vaseline, Gold Bond)
- topical antiseptics
- vitamins and minerals

Standard Medical Equipment

The nursing home supplies standard medical equipment. This is equipment that anyone can use. Medicaid pays the home to provide the equipment listed below.

- adaptive aids for activities of daily living
- air mattresses
- autoclaves
- bed boards
- bed cradles
- bed pans
- bed rails
- beds (including hospital beds)
- bedside safety rails
- bedside stands
- blood pressure apparatus
- canes
- comfortable cushioned chair
- commodes
- crutches
- emesis basins
- food pumps
- foot boards
- foot rails
- foot stools
- freestanding meal trays
- geriatric chairs
- infrared lamps
- lifts
- oxygen equipment and supplies
- positioning pillows
- reading lights
- sitz baths
- splints
- suction machines
- traction equipment
- trapeze equipment
- tub lifts
- urinals
- walkers
- wash basins
- wheelchairs

Supplies and Accessories

- atomizers
- bandage products
- bed linens
- bib or protective cover
- catheters/accessories and irrigation solution
- cloth diapers
- cotton balls

- cotton swabs
- deodorizers
- diagnostic agents (e.g., Testape, Kyotest)
- disposable diapers
- disposable gloves
- dressings (e.g., surgical pads, cellulose wadding, tape)
- elastic hose
- enema kits
- finger cots
- first aid trays
- flameproof cubicle curtains
- foot soaks
- hot water bottles
- hypodermic needles/syringes
- ice bags
- incontinence pads, pants, and liners
- IV supplies and equipment; related supplies (including IV infusion pump)
- minor medical/surgical supplies
- miscellaneous applicators
- nebulizers (hand-held or used with a compressor)
- ostomy supplies
- plastic waste bags
- recreational/therapeutic equipment and supplies to conduct ongoing activities
- safety pins
- sheepskin, devices and solutions for preventing/treating pressure sores
- slings
- stethoscopes
- straws
- syringes/needles
- thermometers
- tongue depressors
- towels/washcloths
- tracheostomy care kits and cleaning supplies
- trochanter rolls
- water carafes/glasses

Transportation

Your nursing home must either arrange or provide non-emergency transportation. This includes transportation for medical appointments, dialysis, therapies, or other treatments not available at the home. The home cannot bill you or your family for transportation to non-emergency medical services. If you need non-emergency transportation in an ambulance, your doctor must make a written order for it. In this case, Medicaid pays the ambulance provider directly.

Medicaid covers all emergency ambulance transportation and the charges should not be billed to you. If your nursing home uses an ambulance for non-emergency purposes, the nursing home pays the ambulance provider directly. If you are also eligible for **Medicare**, most emergency ambulance transportation is covered.

5. Covered Medicaid Services *Not* Provided by the Nursing Home

- alcohol and drug treatment
- ambulance services (emergency and non-emergency) (see Transportation, Section 4.)
- chiropractic services
- dental services (other than daily oral hygiene)
- equipment (designed only for you)
- family planning services
- hearing services
- hospice services
- hospital services
- lab services requiring special equipment and staff
- mental health services
- oxygen (daily)
- parenteral nutritional formula, equipment and supplies
- pharmacy (prescription drugs, IV therapy drugs and some over-the-counter drugs, e.g., insulin, diphenhydramine)
- physician services
- podiatric services
- prosthetics and orthotics
- radiology
- therapy (non-routine)
- vision services
- wound dressings (some complex dressings)

6. Services and Supplies Medicaid Does Not Cover

You may have to pay for these services:

- beauty and barber services
- cosmetics
- dry cleaning
- personal clothing
- personal comfort items (e.g., smoking materials, notions and novelties, confections, telephone, television, radio, guest trays)
- private duty nursing, private nurse aides
- private room (if not medically necessary)

7. Michigan Medicaid Estate Recovery Program

The federal government requires Medicaid to recover money that it paid for services from the estates of Medicaid beneficiaries who have died. This is called Estate Recovery. Medicaid will only recover the amount Medicaid paid for a beneficiary. Medicaid will not recover more than was paid.

What is an Estate?

An estate includes all property and assets that pass through probate court. Examples are homes, cars, insurance money, and bank accounts.

Who is subject to Estate Recovery?

Estate Recovery only applies to Medicaid beneficiaries age 55 or older who received long-term care services after September 30, 2007.

Are there exceptions to Estate Recovery?

Yes, the state may decide not to recover money if it creates an “Undue Hardship” or if any of the following people lawfully live in the beneficiary’s home:

- Beneficiary’s spouse
- Beneficiary’s child who is under the age of 21, blind, or permanently disabled
- Beneficiary’s sibling who has an equity interest in the home and was living in the home for at least 1 year immediately before the beneficiary’s death
- A survivor who:
 - was living in the beneficiary’s home for at least 2 years immediately before the beneficiary went into a medical facility; and
 - provided care so the beneficiary could stay at home during that period.

What is an Undue Hardship?

An undue hardship exists when:

- The estate is the sole source of income for the survivors, such as a family farm or business; or
- The estate is a home of modest value; or
- A survivor would become or remain eligible for Medicaid if recovery occurred.

How does Estate Recovery work?

When a Medicaid beneficiary age 55 or older dies, the state sends an estate recovery notice to the estate representative or heirs. The estate recovery notice tells them:

- the state plans to file a claim; and
- how to apply for an Undue Hardship Waiver.

How do I apply for an Undue Hardship Waiver?

You need to fill out and send in an Undue Hardship Application. You can get an application:

- by calling 1-877-791-0435; or
- by sending an email to miestatererecovery@hms.com.

You need to send the completed application to the address on the application no later than 60 days from the date on the letter that accompanies the application. You must also send copies of any documents the application tells you to send. The state will tell you if you qualify for a waiver.

For more detailed information about Estate Recovery, please contact:

HMS, Inc.
Estate Recovery Unit
1-877-791-0435

Or visit the website at:

www.michigan.gov/estatererecovery

Or email questions to:

miestatererecovery@hms.com

8. Questions and Answers

What if I need medical care Medicaid does not cover?

Medicaid covers most care and services you will need while living in a nursing home (see Section 4. for services Medicaid covers). If you need a service that is not covered, you will have to pay using your own savings, assets, or income.

Medicaid residents are required to use their income to help pay for the cost of their care. If you have income, the amount you must pay toward your care each month is your patient-pay amount. You pay it to your nursing home. You may use part of your amount to pay for necessary medical care not covered by Medicaid. Your nursing home will help you get needed medical care not covered by Medicaid.

There are several things you should know before using your patient-pay amount to obtain non-covered services:

- A doctor must document that the medical service is needed.
- Medicaid may limit the amount you can deduct from your patient-pay to obtain non-covered services.
- The provider of the service will bill you or the person handling your funds.
- It is up to you to pay the bill. Your monthly patient-pay amount is the most you will have to pay each month toward paying off a medical bill.
- You present a copy of the bill to your home. The bill will go towards your patient-pay amount for the next month. If the bill is less than your patient-pay amount, you must pay the rest of your patient-pay amount to the home.
- If you wish, you may payoff a bill that is more than your monthly patient-pay amount. This will result in lowering or replacing your monthly amount the following month(s). After you have received credit for the total bill you paid, your patient-pay amount will go back to the amount it was before you paid off the bill. See the example below.

Example:

- Your January patient-pay amount is: \$200
- You pay a medical bill of: \$500
- Your February patient-pay amount is: \$0 because the paid bill will go against your February patient-pay amount of \$200
- Your March patient-pay amount is: \$0
- Your April patient-pay amount is: \$100
- Your May patient-pay amount is \$200

You must give the nursing home a copy of the bill each month. In this example, February, March, and April.

Can a nursing home refuse to admit or readmit me because I am on Medicaid?

The nursing home does not have to admit you as a new Medicaid resident. However, you do have some protection if returning to the nursing home from a hospital stay or therapeutic leave. See Section 1.

Do I have to sign a contract to live in a nursing home?

Yes. If you are admitted to a nursing home, you or your representative must sign an admission contract. When your contract runs out or when you begin paying for your nursing home care in a different way, you may sign another contract. You must always receive a copy of the signed contract.

The contract must describe:

- services that are provided;
- charges for each service; and
- who will pay for the service.

The contract cannot:

- include statements that are binding on heirs, successors, assignors, or representatives beyond their specific contract liability as required by law.
- require a person other than you to sign the contract. Exception: a person who has been appointed or chosen to handle your financial affairs, or a person who has access to your funds to pay for your care, may be asked to sign the contract. This person cannot be asked to use his/her own funds to pay for your care.
- contain language that attempts to limit the home's responsibility for injury or negligence.
- restrict your right to apply for Medicaid or set a random beginning date for accepting Medicaid payment.
- restrict any rights set by state or federal laws, rules, or regulations.

Do I have to pay an admission deposit to be admitted into a nursing home?

No. If Medicaid covers you at the time you apply for admission to a nursing home, you cannot be charged or asked to pay any amount as a precondition of admission or to speed up your admission.

You cannot be required to pay a deposit for Medicaid covered services. A deposit may be required for non-covered services that you request.

You may have paid a deposit before you became eligible for Medicaid. The amount of your deposit on the date your Medicaid begins must be returned to you immediately. Any portion of your deposit used for services you did not request must also be refunded.

If you owe a patient-pay amount at the time you are to receive your deposit, the nursing home will subtract your patient-pay amount from your refund. You may ask the home to keep part of your refund for non-covered services.

After I am admitted, can a nursing home deny me care because I am on Medicaid?

No. A Medicaid certified nursing home may not deny you care because you became Medicaid eligible while a resident.

What if I have Medicare coverage?

Medicaid nursing home residents will sometimes need services that are covered by Medicare. If you need these services, Medicaid will pay any Medicare coinsurance or deductibles.

If you have Medicare Part D, Medicaid will not pay your Medicare Part D co-pays, deductible, or coinsurance. Also, if you have Medicare Part D that has a premium that is more than the Medicare standard premium for Michigan, you will have to pay the difference in the cost that Medicare does not pay.

What if I want to leave the home temporarily?

Medicaid will pay a nursing home to hold your bed for up to 18 days in a 365-day period if you choose to leave the home overnight for non-medical (therapeutic) reasons. For instance, if you decide to visit family at their home, Medicaid will pay to hold your bed for up to 18 days per year.

Medicaid may also pay to hold your bed for up to 10 days each time you leave the nursing home for an emergency admission to a hospital.

Medicaid will not pay to hold your bed if:

- you have a therapeutic leave that is more than 18 days in a 365-day period; or
- you have a non-emergency hospital admission; or
- you have an emergency hospital admission that lasts for more than 10 days; or
- the home's total available bed occupancy is not at 98% or more on the day you leave the home for an emergency hospital admission.

You or someone else may pay to hold your bed if your time away from the home does not meet the requirements above. If no one is able to pay to hold a bed for you, you still have the right to the next empty semi-private bed upon your return. You have the right to be informed at admission, and when leaving the nursing home temporarily overnight, about your nursing home's policy on holding your bed. For instance, if you decide to visit family at their home, Medicaid will pay to hold your bed for a total of 18 days per year.

Can I have hospice services?

You can receive hospice services while your nursing home provides the ongoing level of medical care you need, your room, meals, and laundry. You must be notified at the time of admission about the nursing home's hospice policy.

Your nursing home will help arrange hospice care. They may have a contract with a local hospice or you can choose one. You can get hospice services in your nursing home from any Medicaid enrolled hospice.

The hospice will develop a care plan with your approval. If you have a patient-pay amount, the hospice will collect it unless the hospice arranges for the nursing home to collect it.

The hospice is responsible for services you need related to your terminal illness. The hospice will provide the following services:

- nursing care, in addition to that supplied by the nursing home
- counseling for bereavement, nutritional, spiritual, and other needs
- social work
- physician services

The hospice will make arrangements for or provide the following services as they relate to your terminal illness:

- drugs/biologicals
- home health aide/homemaker services beyond that supplied by the nursing home
- inpatient care
- medical supplies
- occupational and/or physical therapy
- speech pathology

A hospice cannot refuse its services because the Medicare skilled nursing benefit pays for your nursing home care. You have the right to switch from the Medicare skilled nursing benefit to its hospice benefit. You do not have to give up your Medicare coverage. Medicaid will coordinate benefits with Medicare.

Can I appeal a decision?

Yes. You may appeal any decision made by the Department of Community Health. If Medicaid does not pay a bill or authorize a service, you may appeal the decision. You must appeal within 90 days of the date you were notified in writing of the decision. Appeals must be sent, in writing, to the Hearings Coordinator at your local Michigan Department of Human Services office or Michigan Department of Community Health. Your home can help you determine which department you must appeal to.

What if I have a complaint or want help protecting my rights?

If you believe that the home or the staff are not providing you with proper treatment under your rights as a Medicaid beneficiary or if you believe their actions are improper, first try to work out the problem at the nursing home. If that does not work, then you should contact the Long Term Care Ombudsman Program. They can help you in protecting your rights in the nursing home. You also have the right to file a complaint with the Department of Community Health or other agencies. (See Section 9. for the Ombudsman Program and other agencies that can help you.)

9. Agencies to Help You – Call or Write

For help with problems, contact the agency in your area below:

Michigan Long Term Care Ombudsman Program:

1-866-485-9393

Long Term Care Ombudsman Program

Office of Services to the Aging
300 E. Michigan Avenue
PO Box 30676
Lansing, MI 48909-8176

Reporting nursing home staff abuse or Medicaid program fraud:

Attorney General: 1-800-242-2873

Health Care Fraud Division
P.O. Box 30218
Lansing, MI 48909

Reporting abuse, quality of care problems, or other resident's rights violations:

Michigan Department of Licensing and Regulatory Affairs: 1-800-882-6006

Complaint Intake Unit
Bureau of Health Systems
P.O. Box 30664
Lansing, MI 48909

Reporting problems or complaints with Medicaid bills or payments:

You can call or write the Department of Community Health (DCH) about your problems or complaints.

Medical Services Administration

P.O. Box 30479
Lansing, MI 48909-7979

Beneficiary Help Line: 1-800-642-3195

Your right to a hearing:

You can appeal a negative action, such as Medicaid not paying a bill or not approving a service. Send in your hearing request within 90 days from the date you were notified of the decision. Your request must explain the problem in writing. Mail your request to:

Michigan Administrative Hearing System for the Department of Community Health
Appeals Section
P.O. Box 30763
Lansing, MI 48909

If you are getting **specialized mental health services** while in your nursing home, you can report abuse, quality of care and other resident rights violations to:

Behavioral Health
Office of Recipient Rights
Lewis Cass Building, 3rd Floor
Lansing, MI 48909
1-800-854-9090